



# TRANSMITTAL FORM

Application Serial Number	09/664,226
Filing Date	September 18, 2000
First Named Inventor	Li
Group Art Unit	3624
Examiner Name	Ella Colbert
Attorney Docket No.	EMT-001
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check No. 972589 in the amount of \$760.00 Attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input type="checkbox"/> Amendment/Response (___ pgs.) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]  <input checked="" type="checkbox"/> Petition for Extension of Time (1 pg.)  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application  <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance  <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Brief (42 pgs., incl. Ex. A, 24 pgs.)  <input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8  <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Goodwin Procter LLP  
Exchange Place  
Boston, MA 02109  
Tel. No.: (617) 570-1000  
Fax No.: (617) 523-1231  
Customer No. 051414

## SIGNATURE BLOCK

Date: July 6, 2006  
Reg. No. 50,389  
Tel. No.: (617) 570-1408  
Fax No.: (617) 523-1231

Respectfully submitted,

Robert S. Blasi, Esq.  
Attorney for the Applicants  
Goodwin Procter LLP  
Exchange Place  
Boston, MA 02109

## FEE TRANSMITTAL

FY 2006

Complete if Known

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Examiner Name	Colbert, Ella
Attorney Docket No.	EMT-001

## METHOD OF PAYMENT

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700.

☐ Required Fees (copy of this sheet enclosed).

☒ Additional fee required under 37 CFR 1.16 and 1.17.

☒ Overpayment Credit.

3. ☒ Applicant claims small entity status.

## FEE CALCULATION

## 1. FILING/SEARCH/EXAM/SIZE FEES

## Large Entity

Fee (\$)	Fee Description	Fee Paid
300	Utility filing fee	
500	Utility search fee	
200	Utility exam fee	
250	Utility size fee (each add'l 50 pgs. over 100)	
200	Design filing fee	
100	Design search fee	
130	Design exam fee	
250	Design size fee (each add'l 50 pgs. over 100)	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 50.00 =	

Independent Claims	- 3 =	x \$ 200.00 =	
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☐ Multiple Dependent Claim(s), if any \$360.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$ ) 0.00

## 2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
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Total	-	=	x \$ 50.00 =	
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Indep.	-	=	x \$ 200.00 =	
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☐ First Presentation of Multiple Dep. Claim + \$360.00 =

TOTAL: (\$ )

SMALL ENTITY DISCOUNT: (\$ )

SUBTOTAL (2) (\$ ) 0.00

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
120	60	Extension for reply within first month	
450	225	Extension for reply within second month	
1020	510	Extension for reply within third month	510.00
1590	795	Extension for reply within fourth month	
2160	1080	Extension for reply within fifth month	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	250.00
1000	500	Request for oral hearing	
400	400	Petitions to the Commissioner (Gp. I)	
200	200	Petitions to the Commissioner (Gp. II)	
130	130	Petitions to the Commissioner (Gp. III)	
180	180	Submission of Information Disclosure Statement	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			

SUBTOTAL (3) (\$ ) 760.00

SUBTOTAL (1) 0.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 760.00

TOTAL (\$ ) 760.00

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